

ANNEX K (SUPPLEMENTAL) TO DD FORM 4
STATEMENT OF UNDERSTANDING - THE ARMY NATIONAL GUARD (ARNG)
MONTGOMERY GI BILL KICKER PROGRAM (10 USC 16131)
Form use of this form, see AR 135-7. The proponent agency is ODCSPER.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, chapter 1606, Title 5, USC and section 552a
PRINCIPAL PURPOSE: To explain obligation and eligibility requirements for entitlement under the Selected Reserve Montgomery GI Bill (MGIB-SR) (10 USC 16131) and to ensure that your understanding of these conditions is a matter of record.
ROUTINE USES: To record your eligibility, prescribe your entitlement, and provide you with the contract terms of the MGIB-SR Kicker Incentive.
DISCLOSURE: Disclosure of your SSN is voluntary. If you do not complete this form you cannot participate in the MGIB-SR Kicker Program.

SECTION I - APPLICABILITY

All eligible enlisted soldiers who enlisted, reenlisted, or extended in the Army National Guard for MGIB-SR Kicker benefits between 1 October 1998 and 30 September 1999 and who enroll in either the State Officer Candidate School (OCS) Program or the Simultaneous Membership Program (SMP), or completed the Federal OCS Program after 30 September 1999. Eligible soldiers will complete this statement of understanding immediately upon swearing to or affirming the oath of reenlistment or extension. This supplemental statement of understanding will be completed by soldiers reenlisting or extending for the MGIB-SR Kicker Program at the adjusted rate.

SECTION II - INSTRUCTIONS

The service representative will read and explain the MGIB-SR Kicker requirements outlined on this form and staple a copy of this form (initialed, signed and dated) to the original Kicker contract.

SECTION III - ACKNOWLEDGMENT/ELIGIBILITY

In connection with my reenlistment or extension in the Army National Guard for entitlement to the MGIB-SR Kicker at an increased rate, I hereby acknowledge eligibility by my initials and signature that I meet the following eligibility criteria:

- a. I am a Prior Service soldier participating in a State OCS program currently in phase II or III (completed the first Annual Training Period) or currently contracted as an ROTC SMP (MS III or IV) in the ARNG _____ ; or
(Initials)
- b. I completed the Federal OCS Program on or after 1 October 1999 and accepted a commission in the ARNG _____ ; and
(Initials)
- c. I agree to sign a DA Form 5447-R, Officer Service Agreement, equal to the number of months remaining for the six-year obligation that entitled me to MGIB-SR Kicker benefits as an Officer _____
(Initials)

SECTION IV-OBLIGATION

I agree to participate satisfactorily in the ARNG for six years according to the conditions prescribed for the MGIB-SR Kicker Program _____
(Initials)

SECTION V - ENTITLEMENT

1. I am entitled to the MGIB-SR Kicker incentive Program in the amount of \$ _____ per month for each month of basic MGIB-SR, Chapter 1606 or Chapter 30 eligibility remaining for full time enrollment for a maximum of 36 academic months. The Department of Veterans Affairs (DVA) will adjust this amount and the number of months for less than full-time pursuit of qualifying educational programs _____ .
(Initials)

2. I understand MGIB payments are not subject to Federal and State income tax withholdings _____ .
(Initials)

3. I understand that my unit commander or the commander's direct representative will initiate procedures to document my eligibility for MGIB-SR, chapter 1606 benefits and the Kicker benefits _____.

(Initials)

4. I understand it is my responsibility to attain and retain a completed copy of a Notice of Basic Eligibility (NOBE) from my unit or State MGIB Manager _____.

(Initials)

5. If I voluntarily or involuntarily transfer within or between units of the ARNG or USAR, including the IRR, due to unit transition as described in AR 135-7, paragraph 1-14.1, or upon completion of my six year Kicker obligation, and have not used the maximum 36 academic months of basic MGIB-SR benefits, I will continue to receive the Kicker incentive until basic MGIB-SR are exhausted _____.

(Initials)

SECTION VI - SUSPENSION

I understand that under certain conditions listed below I can be suspended on a one-time basis (per soldier not contract) for a specified period from the Kicker program rather than being terminated. Suspensions are limited to the following conditions:

a. OCS Candidates only: If I fail to complete the OCS program benefits are suspended and I must complete the six-year obligation _____.

(Initials)

b. SMP Cadets who are voluntary or involuntarily separated from the SMP program and remain in the ARNG, MGIB Kicker benefits are suspended _____.

(Initials)

c. OCS and SMP participants who previously received a Kicker contract as an enlisted member and fail to complete the OCS/SMP program must return to a Kicker eligible unit and complete the terms of the original contract to retain Kicker eligibility _____.

(Initials)

SECTION VII - TERMINATION

My MGIB-SR Kicker incentive will be terminated should any of the following conditions occur before the fulfillment of my enlistment agreement and obligation:

I agree to abide by all termination rules outlined in my original contract _____.

(Initials)

SECTION VIII - COMMISSIONING PROGRAM RESTRICTIONS

1. I understand by entering an Officer Commissioning Program (OCS or SMP) that my benefits are increased to a rate of \$ _____ per month as a full time student as long as I complete the commissioning program and accept a commission in the ARNG. (Only 36 months worth of MGIB-SR Kicker benefits are authorized regardless of rate changes).

2. I understand that if I fail to complete the commissioning program that my MGIB-SR Kicker benefits will return to the previous authorized rate of \$ _____.

3. I understand that I may be eligible for an increased rate for MGIB-SR Kicker benefits only twice if enrolled in a commissioning program.

4. I understand that I must fulfill my six-year obligation if I fail to complete a commissioning program. If I do not complete my obligation by separating from the ARNG, I am subject to recoupment _____.

(Initials)

SECTION IX - STATEMENT OF UNDERSTANDING

I have read and understand each of the statements above, in addition to my original contract, and have had my questions satisfactorily answered. I understand the statements above are intended to constitute all promises and agreements, whatsoever, concerning my enlistment for MGIB-SR Kicker benefits.

DATE SIGNED

APPLICANT'S SIGNATURE

SSN

TYPED OR PRINTED NAME AND RANK

SECTION X - CERTIFICATION BY SERVICE REPRESENTATION

I certify that I have witnessed the reading and signing of the above agreement and the signature appearing above is that of the applicant. I have verified the applicant meets the eligibility requirements of AR 135-7, per HQDA annual policy guidance, for the MGIB-SR Kicker. No other promises were made to the applicant as a condition of entitlement to the MGIB-SR Kicker under the Selective Reserve Incentive Program. I have provided the applicant with a copy of this form.

DATE SIGNED

SIGNATURE OF SERVICE REPRESENTATIVE

TITLE

TYPED OR PRINTED NAME AND RANK

KICKER CONTROL #